

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	P/S	66621	9/30
O.I.P.E. CLASSIFIER			10 10-5-99
FORMALITY REVIEW		71622	10-13-99

# INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 ..... Allowed I ..... Interference  
 (Through numeral) ... Canceled A ..... Appeal  
 ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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